

**MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET
 (FOR USE WITH FORM PTO-876)**

SERIAL NO.

09-214971

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51								
2		2					52								
3							53								
4	1						54								
5			1				55								
6				1			56								
7				2			57								
8			1				58								
9				1			59								
10			1				60								
11				1			61								
12				2			62								
13			1				63								
14				1			64								
15			1				65								
16				1			66								
17				2			67								
18			1				68								
19				1			69								
20				1			70								
21				1			71								
22			1				72								
23				2			73								
24							74								
25							75								
26							76								
27							77								
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39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	5		3				TOTAL IND.								
TOTAL DEP.		3		16			TOTAL DEP.								
TOTAL CLAIMS	5		3				TOTAL CLAIMS								

BEST AVAILABLE COPY